

## **South Dakota Board of Nursing**

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

# Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suile 3 Spearfish, SD 57783

input it in y and y y y d
Name of Ir stitution: Riverviers Wealth Invited, conc.
Address: all East and Werry
Flandrece SD 57028
Phone Number: 605-997-248! Fax Number: 605-997-2988
E-mail Add ess of Faculty: Nome Nea Lith a river streethe ath com
Select opi ion(s) for Re-Approval:  □ Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum  1. List personnel and licensure information 2. Complete evaluation of the curriculum  □ Request re-approval with faculty changes and/or curriculum changes
Lis personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel     Complete evaluation of the curriculum     Submit documentation to support requested curriculum changes

#### 1. List Personnel and Licensure Information:

**Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44 04:18:10)

			RN LICENSE
Name of Program Coordinator	State	1 umber	Expiration Verification  Date (Completed by SDBOW)
Jinky Jane Millanes	SD	1.0349510	Date (Completed by SDBON)
☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history			

<u>Primary Instructor</u> must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

		RN RN	FOREIGNEE GENERAL SERVICE SERV
Name of Primary Instructor	State	llumber	Expiration Verification
Petro Poss	50	F010486	Date (Completed by SDBC V)

If equesting new Primary Instruction, attach curriculur 1 vita, resume, or work history, and attach documentation supporting previous experience in Iteaching adults with in the past five years or documentation of completing a course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i. 2. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.

1



# **South Dakota Board of Nursing**

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

	LICENSURE/REGISTRATION
Supplemental Personnel & Credenti lis	Number Expiration Verification Date (Completed by SDBON)

Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate theet of paper. (Pursuant to ARSD 44:04:18 07, the De partment of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
Program was no less than 75 hours.	/	
<ul> <li>Provided minimum 16 hours of instruction prior to students having direct patient con:act.</li> </ul>	/	
<ul> <li>Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 stucents for one instructor.</li> </ul>	/	
Provided instruction on each content area (see ARSD 4::04:18:15):	/	
Basic nursing skills	/	
'ersonal care skills	/	
1ental health and social services		
lare of cognitively impaired clients	~	
Basic restorative nursing services		
Lesidents' rights	/	
<ul> <li>Sturents did not perform any patient services until after the primary instructor found the student to be competent</li> </ul>	/	
Stu lents only provided patient services under the supervision of a licensed nurse	/	
<ul> <li>Your agency maintains a 75% plass rate of students on the competency evaluation (written and skills exam taken through the SD Metalthcare Association).</li> </ul>	1000	-1

	, 55 / 5
3. <u>S</u>	bmit Documentation to Support Requested Curriculum Changes:
Name of (	Durse (if applicable): Welar's Ordine - Hartman's Nursing assistant Care 3rd
Instruction	of teaching methods may be utilized in achieving the classroom instruction such as independent study, video and online instruction.
☐ Subm	It reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).
☐ Beha	orumentation that supports requirements listed in ARSD 44:04:18:15, including:  o orally stated objectives with measurable performance criteria for each unit of curriculum culum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:  I minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:  Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.  A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective
	rare; the instructor ratio may not exceed eight students for one instructor.
	Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):  Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and carring for dying clients;  Personal care skills, including: bathing; grooning, including mouth care; dressing; tolleting; assisting with eating and hydration; fielding techniques; skin care; and transfers, positioning, and turning:

a littiba



### **South Dakota Board of Nursing**

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

- Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
- Care of cognitively impaired clients, including communication and techniques for addressing unique needs and behaviors;
- Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
- Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints

environment free from abuse, mistreatment	, and neglect and requirement to report; avoiding restraints.
Program Coordinator Signature: JINKY	MILLANES Date: G/23/14/
This section to be completed by the South Dakota Boar	rd of Nursing
Date Application Received: (a) 241(4)	Date Application Denied:
Date Approved: (a) 25110	Reason for Denial:
Expiration Date of Approval:	, was a surface of the surface of th
The state of the s	
Board Rep esentative:	

October 20, 2011